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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hoel
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 MAR -9 AM 7:52

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000010750

Name and Mailing Address

0002550 01 AT 0.292 **AUTO T1 0 0615 32561-243604



KAHALEVE, L.L.C.
4 OCEANVIEW DR.
PENSACOLA BEACH FL 32561-2436

000030247670
03/10/04--01077--003 **200.00



2003-2004

2. New Mailing Address 400 Panferio Drive		4. State/Country of Formation FL	
City, State, Zip Pensacola Beach, FL 32561		5. Date Organized or Qualified To Do Business in Florida 05/06/2002	
Principal Place of Business 4 OCEANVIEW DR. PENSACOLA BEACH FL 32561	3. New Principal Place of Business Address 400 Panferio Drive City, State, Zip Pensacola Beach, FL 32561	6. FEI Number 33-1020575	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent FOUNTAIN, KENNETH R 8438 GULF BLVD., STE. A NAVARRE BEACH FL 32566	9. Name and Address of New Registered Agent Name Cynthia S. Steel Street Address (P.O. Box Number is Not Acceptable) 400 PANFERIO DRIVE Pensacola Beach, FL City Pensacola Beach, FL Zip Code 32561
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Cynthia S. Steel	Signature REQUIRED	Date 2-8-2004
REGISTERED AGENT MUST SIGN		

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	O'DONOVAN, CONNA G	4 OCEANVIEW DR.	PENSACOLA BEACH FL 32561
MGRM	STEEL, JAMES R JR.	400 PANFERIO DR.	PENSACOLA BEACH FL 32561
MGRM	STEEL, CYNTHIA S	400 PANFERIO DR.	PENSACOLA BEACH FL 32561
REINSTATEMENT 2003-2004			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager [Signature]	Date 2/8/04	Daytime Phone # 850-934-1297
Typed or printed name of signing Managing Member/Manager		